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CONFIRMATION NO. 6209

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| SERIAL NUMBER | FILING or 371(c) DATE 12/02/2003 RULE | CLASS 040 | GROUP ART UNIT 3611 | ATTORNEY DOCKET NO. 6650.5-1 |
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/430,287 12/02/2002

**** FOREIGN APPLICATIONS *******
**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ****

03/02/2004

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|--------------------------------|---|---|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Met after Allowance /CD/ | STATE OR COUNTRY TX | SHEETS DRAWINGS 4 | TOTAL CLAIMS 26 | INDEPENDENT CLAIMS 3 |
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Verified and | /CASANDRA HOPE DAVIS/ Examiner's Signature | | | | | |
| Acknowledged | Initials | | | | | |

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TITLE

Device for medical instrument

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|--------------------------------|--|---|
| FILING FEE RECEIVED 839 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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